

The Colorado Natural Health Consumer Protection Act requires that all practitioners of “complementary and alternative health care services” give clients a plainly worded written statement that includes items I-V below. To be compliant, I must receive a signed copy of this document from you prior to your first session, keep your signed statement on file for two years following your last session and give you a copy. Please initial next to each item that you have read and understand.

(I) Contact Information

Initials: _____

My name is Terese Shanley. I am the owner of Unfolding Divinity. My contact information is:

8134 Islander Court
Windsor, CO 80528
970-980-3097
unfoldingdivinity@gmail.com
www.unfoldingdivinity.com
@unfoldingdivinity

(II) About Terese Shanley and Unfolding Divinity:

Initials: _____

Unfolding Divinity sessions include a combination of energy healing, intuitive guidance, wellness consultation, and essential oils. Raindrop Technique sessions are also offered as requested. You will receive hands-on and/or hands-off energy work and any spiritual or intuitive guidance that comes through specific to your reason for being here. You may also receive wellness coaching that incorporates suggestions for nurturing your physical, emotional, mental, and spiritual well-being specific to your personal goals. I will not be responsible for any or all allergic reactions or side effects from the essential oils as this is under your consent and liability.

(III) Education and Experience

Initials: _____

R.N., B.S. University of San Francisco College of Nursing	Healing Facilitator White Time Healing Certificates 1 & 2	Reiki Levels 1-4	Ordained Minister Stephen’s Ministry Foundation’s Church
Certified Life Coach Yoga2Life	Raindrop Technique Specialist Young Living®		Healing Certification Global Awakening
Certification Doreen Virtue’s Angel Intuitive Course Doreen Virtue’s Crystal Reader Course Robert Reeves’ Flower Therapy Healing Course		Graduate Sara Wiseman Intuition University	

I am a yoga and meditation teacher with over 400 hours of training in Ashtanga and Anusara. I have taught yoga and meditation at Miramont Fitness (2005-2012) and UC Health Wellness Center (2012-2017).

(IV) Regulation and Governance

Initials: _____

No governing body regulates the work I do as Terese Shanley under Unfolding Divinity. I am licensed and registered by the state of Colorado as a health care professional, however, you should not discuss any recommendations made by me with your primary care physician, obstetrician, gynecologist, oncologist, pediatrician or other board-certified physician or licensed mental health care provider. Unfolding Divinity is not a substitute for licensed health care.

(V) Insurance

Initials: _____

Unfolding Divinity is covered by EMPI liability insurance. You are receiving sessions from me at your own risk. My physical office location is insured in the event that you fall and injure yourself while on the premises for the purpose of attending your session. EMPI.WILDAPRICOT.ORG

(VI) Fee Schedule

Initials: _____

- Sessions of Raindrop Technique and Energy Work: \$200
- Life Coaching: \$150/hour
- House Clearing: \$200/hour

(VII) Cancellation & Payment Policy

Initials: _____

Unless other arrangements have been made in advance, payment for your session is due at the time of or prior to service. Twenty-four (24) hours notice is required when cancelling an appointment. If you cancel with less than 24 hours notice or fail to come to your scheduled session, you agree to pay for the session in full.

(VIII) Consent for Treatment

Initials: _____

I consent to the treatment described above. I understand that energy work, intuitive guidance, wellness consultation, essential oils, and Raindrop technique are not a replacement for licensed medical or mental health care. No guarantees have been made to me regarding cures or improvements; and by signing this informed consent, I hereby waive any claim, past, present or future, against Terese Shanley of Unfolding Divinity.

I have read this document carefully. I have felt free to ask any questions regarding this document and if I have asked questions, the answers have been satisfactorily explained to me. I understand that I am free to withdraw this statement in writing and to discontinue services at any time.

Printed Name: _____

Signature: _____

Date: _____